## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3-26-10</u>	Address:	50 feet north of
Case #:	<u>13-75065</u>		intersection of 125 west
County:	Starke-75		and 250 north, Starke Co
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel	
☐ Chemic ☐ Dumpsi	al/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	<ul><li>✓ Open – No Structure</li><li>✓ Other:</li></ul>
Check all the   Lithium   Red Pho   Flamma   Water F	nd: Location (bedroom, kitchen, open ain apply)  n/Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  able Solvents: _  Reactive Metal (Lithium):  ous Ammonia:  hloric Acid Gas Generator(s):	r, etc)	
Corrosive Acid:			
Corrosive Base:			
Other (item and location): Non haz meth lab waste			
Child under age 18 discovered (check one)  ☐ Yes Zero (number present)  ☐ No  *If yes, fax report to Child Protective Services		Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Knox FD	Fax: <u>574-772-4141</u>	
Health Department: <u>Starke County</u>		Fax: <u>(574) 772-8035</u> Fax:	
Child Prote	ction Service: <u>N/A</u>		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TRP Dan Tschida- ISP</u> Phone <u>1-219-696-6242</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.